FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90431 006 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000096034

DOCUMENT #

1. Entity Name

MULLER ASSET MANAGEMENT, INC.



Principal Place of Busines
88 NE 5TH AVE
DELRAY BEACH FL 33483

Mailing Address

88 NE 5TH AVE

DELRAY BEACH FL 33483

Suite, Apt. #, etc. City & State Country S. Carrificate of Status Desired \$8.75 Additional Fee Required Fee Required Fee Required Fee Required Name Name Name Name Street Address of New Registered Agent Name Na									
City & State Country City FL City	2. Principal Place of Business		3. Mailing Address				(() 36 ((0 (0))0 0)()) 30(0)		
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required Fee Req	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MULLER, KEVIN 88 NE 5TH AVE DELRAY BEACH FL 33483 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accelete the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN III TILLE PD MME MULLER, RAPH P 88 NE 5TH AVE DELRAY BEACH FL 33483 CITY-ST-2P DELRAY BEACH FL 33483	City & State		City & State		4. 1	FEI Number 65-1140606	———·	oplied For ot Applicable	
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B8 NE 51H AVE DELRAY BEACH FL 33483 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. SIGNATURE Signature Typed or printed name of registered agent and take if applicable. (NOTE: Registered Agent signature recision) DATE FILE NOW!!! FEE IS \$150.00	MULLER,	KEVIN		•					
DELRAY BEACH FL 33483 City FL Zip Code	88 NE 5TI	H AVE		Street	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accertate obligations of registered agent. SIGNATURE Signature Signatur									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accertic be obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	DEBINIC	SEACHTE GOTOS		ļ					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

4-16.02

561-278-2294 Daytime Phone # 72E034 (10/02)